

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 1898

97TH GENERAL ASSEMBLY

5929H.04P

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapters 191, 192, 197, and 208, RSMo, by adding thereto four new sections relating to public health.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapters 191, 192, 197, and 208, RSMo, are amended by adding thereto four
2 new section, to be known as sections 191.761, 192.380, 197.168 and 208.662, to read as follows:

**191.761. 1. Beginning July 1, 2015, the department of health and senior services
2 shall provide a courier service to transport collected, donated umbilical cord blood samples
3 to a nonprofit umbilical cord blood bank located in a city not within a county in existence
4 as of the effective date of this section. The collection sites shall only be those facilities
5 designated and trained by the blood bank in the collection and handling of umbilical cord
6 blood specimens.**

**7 2. The department may promulgate rules to implement the provisions of this
8 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is
9 created under the authority delegated in this section shall become effective only if it
10 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
11 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers
12 vested with the general assembly under chapter 536 to review, to delay the effective date,
13 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant
14 of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be
15 invalid and void.**

192.380. 1. For purposes of this section, the following terms shall mean:

2 (1) "Department", the department of health and senior services;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

3 (2) “High-risk pregnancy”, a pregnancy in which the mother or baby is at
4 increased risk for poor health or complications during pregnancy or childbirth;

5 (3) “Maternity center”, a comprehensive maternal and newborn service provided
6 by a hospital or birth center for women who have been assessed as having a normal, low-
7 risk pregnancy and having a baby which has been assessed as developing normally and
8 without apparent complications;

9 (4) “Perinatal center”, a comprehensive maternal and newborn service for women
10 who have been assessed as high-risk patients or are bearing high-risk babies, as determined
11 by a standardized risk assessment tool, who will require the highest level of specialized
12 care. Such programs may also provide services to women requiring care normally
13 provided at Level I and II programs.

14 2. There is hereby created the “Perinatal Advisory Council” which shall be
15 composed of representatives from the following organizations to be appointed by the
16 governor with the advice and consent of the senate:

17 (1) One representative from the American Congress of Obstetricians and
18 Gynecologists;

19 (2) One representative from the American Academy of Pediatrics;

20 (3) One representative from the March of Dimes;

21 (4) One representative from the National Association for Nurse Practitioners in
22 Women’s Health;

23 (5) One representative from the American College of Nurse-Midwives;

24 (6) One representative from the Association of Women’s Health, Obstetric and
25 Neonatal Nurses;

26 (7) One representative from the National Association of Neonatal Nurses;

27 (8) One representative from the Missouri Academy of Family Physicians;

28 (9) Two community-based providers who focus on infant mortality prevention, such
29 as community-based maternal/child health coalitions and regional consortiums;

30 (10) Three representatives from Missouri hospitals with one representative from
31 a hospital with perinatal care equivalent to each of the three levels;

32 (11) One representative from the Society for Maternal-Fetal Medicine; and

33 (12) One private practice physician specializing in obstetrics or gynecology.

34 3. After seeking broad public and stakeholder input, the perinatal advisory council
35 shall make recommendations for the division of the state into neonatal and maternal care
36 regions. The perinatal advisory council shall establish standards for all levels of hospital
37 perinatal care including regional perinatal centers. Such standards shall assure that:

38 (1) Facilities are equipped and prepared to stabilize neonates prior to transport;

39 (2) Coordination exists between general maternity care and perinatal centers;

40 (3) Unexpected complications during delivery can be properly managed;

41 (4) High-risk pregnancies, labors, deliveries, and childbirths are reviewed at each
42 hospital or maternity center in collaboration with the community provider using criteria
43 of case selection developed by such hospitals or maternity centers or the appropriate
44 medical staff thereof in order to determine appropriateness of diagnosis and treatment;

45 (5) Procedures are implemented to confidentially identify and report to the
46 department all high-risk birth outcomes;

47 (6) A high-risk pregnancy or baby identified as having a condition that threatens
48 the child's or mother's life are promptly evaluated in consultation with designated regional
49 perinatal centers and referred, if appropriate, to such centers or to other medical specialty
50 services in accordance with the level of perinatal care authorized for each hospital or
51 maternity care center for the proper management and treatment of such condition;

52 (7) Hospital or maternity care centers in collaboration with community providers
53 conduct postnatal reviews of all maternal and infant deaths, utilizing criteria of case
54 selection developed by such hospitals or maternity centers or the appropriate medical staff
55 thereof in order to determine the appropriateness of diagnosis and treatment and the
56 adequacy of procedures to prevent such loss of life;

57 (8) High-risk mothers are provided information, referral, and counseling services
58 to ensure informed consent to the treatment of the child;

59 (9) Consultation when indicated is provided for and available. Perinatal centers
60 shall provide care for the high-risk expectant mother who may deliver a high-risk infant.
61 Such centers shall also provide intensive care to the high-risk newborn or mother whose
62 life or physical well-being may be in jeopardy;

63 (10) The perinatal care system is monitored and performance evaluated; and

64 (11) Any reporting required to facilitate implementation of this section shall
65 minimize duplication.

66 4. The standards under this section shall be based upon evidence and best practices
67 as outlined by the most current version of the "Guidelines for Perinatal Care" prepared
68 by the American Academy of Pediatrics and the American Congress of Obstetricians and
69 Gynecologists, any guidelines developed by the Society for Maternal-Fetal Medicine, and
70 the geographic and varied needs of citizens of this state.

71 5. No individual or organization providing information to the department or the
72 perinatal advisory council in accordance with this section shall be deemed to be or be held
73 liable, either civilly or criminally, for divulging confidential information unless such
74 individual or organization acted in bad faith or with malicious purpose.

75 **6. The standards under this section shall be established by rules and regulations**
76 **of the department no later than January 1, 2016. Such standards shall be deemed**
77 **sufficient for the purposes of this section if they require the perinatal care facilities to**
78 **submit plans or enter into agreements with the department that adequately address the**
79 **requirements of subsection 3 of this section.**

197.168. Each year between October first and March first and in accordance with
2 **the latest recommendations of the Advisory Committee on Immunization Practices of the**
3 **Centers for Disease Control and Prevention, each hospital licensed under this chapter shall**
4 **offer, prior to discharge and with the approval of the attending physician or other**
5 **practitioner authorized to order vaccinations or as authorized by physician-approved**
6 **hospital policies or protocols for influenza vaccinations pursuant to state hospital**
7 **regulations, immunizations against influenza virus to all inpatients sixty-five years of age**
8 **and older unless contraindicated for such patient and contingent upon the availability of**
9 **the vaccine.**

208.662. 1. There is hereby established within the department of social services the
2 **"Show-Me Healthy Babies Program" as a separate children's health insurance program**
3 **(CHIP) for any low-income unborn child. The program shall be established under the**
4 **authority of Title XXI of the federal Social Security Act, the State Children's Health**
5 **Insurance Program, as amended, and 42 CFR 457.1.**

6 **2. For an unborn child to be enrolled in the show-me healthy babies program, his**
7 **or her mother shall not be eligible for coverage under Title XIX of the federal Social**
8 **Security Act, the Medicaid program, as it is administered by the state, and shall not have**
9 **access to affordable employer-subsidized health care insurance or other affordable health**
10 **care coverage that includes coverage for the unborn child. In addition, the unborn child**
11 **shall be in a family with income eligibility of no more than three hundred percent of the**
12 **federal poverty level, or the equivalent modified adjusted gross income, unless the income**
13 **eligibility is set lower by the general assembly through appropriations. In calculating**
14 **family size as it relates to income eligibility, the family shall include, in addition to other**
15 **family members, the unborn child, or in the case of a mother with a multiple pregnancy,**
16 **all unborn children.**

17 **3. Coverage for an unborn child enrolled in the show-me healthy babies program**
18 **shall include all prenatal care and pregnancy-related services that benefit the health of the**
19 **unborn child and that promote healthy labor, delivery, and birth. Coverage need not**
20 **include services that are solely for the benefit of the pregnant mother, that are unrelated**
21 **to maintaining or promoting a healthy pregnancy, and that provide no benefit to the**

22 unborn child. However, the department may include pregnancy-related assistance as
23 defined in 42 U.S.C. 1397II.

24 4. There shall be no waiting period before an unborn child may be enrolled in the
25 show-me healthy babies program. In accordance with the definition of child in 42 CFR
26 457.10, coverage shall include the period from conception to birth. The department shall
27 develop a presumptive eligibility procedure for enrolling an unborn child. There shall be
28 verification of the pregnancy.

29 5. Coverage for the child shall continue for up to one year after birth, unless
30 otherwise prohibited by law or unless otherwise limited by the general assembly through
31 appropriations.

32 6. Pregnancy-related and postpartum coverage for the mother shall begin on the
33 day the pregnancy ends and extend through the last day of the month that includes the
34 sixtieth day after the pregnancy ends, unless otherwise prohibited by law or unless
35 otherwise limited by the general assembly through appropriations. The department may
36 include pregnancy-related assistance as defined in 42 U.S.C. 1397II.

37 7. The department may provide coverage for an unborn child enrolled in the
38 show-me healthy babies program through:

39 (1) Direct coverage whereby the state pays health care providers directly or by
40 contracting with a managed care organization or with a group or individual health
41 insurance provider;

42 (2) A premium assistance program whereby the state assists in payment of the
43 premiums, co-payments, coinsurance, or deductibles for a person who is eligible for health
44 coverage through an employer, former employer, labor union, credit union, church,
45 spouse, other organizations, other individuals, or through an individual health insurance
46 policy that includes coverage for the unborn child, when such person needs assistance in
47 paying such premiums, co-payments, coinsurance, or deductibles;

48 (3) A combination of direct coverage, such as when the unborn child is first
49 enrolled, and premium assistance, such as after the child is born; or

50 (4) Any other similar arrangement whereby there:

51 (a) Are lower program costs without sacrificing health care coverage for the
52 unborn child or the child up to one year after birth;

53 (b) Are greater covered services for the unborn child or the child up to one year
54 after birth;

55 (c) Is also coverage for siblings or other family members, including the unborn
56 child's mother, such as by providing pregnancy-related assistance under 42 U.S.C. 1397II,

57 relating to coverage of targeted low-income pregnant women through the children's health
58 insurance program (CHIP); or

59 (d) Will be an ability for the child to transition more easily to non-government or
60 less government-subsidized group or individual health insurance coverage after the child
61 is no longer enrolled in the show-me healthy babies program.

62 8. The department shall provide information about the show-me healthy babies
63 program to maternity homes as defined in section 135.600, pregnancy resource centers as
64 defined in section 135.630, and other similar agencies and programs in the state that assist
65 unborn children and their mothers. The department shall consider allowing such agencies
66 and programs to assist in the enrollment of unborn children in the program, and in making
67 determinations about presumptive eligibility and verification of the pregnancy.

68 9. Within sixty days after the effective date of this section, the department shall
69 submit a state plan amendment or seek any necessary waivers from the federal Department
70 of Health and Human Services requesting approval for the show-me healthy babies
71 program.

72 10. At least annually, the department shall prepare and submit a report to the
73 governor, the speaker of the house of representatives, and the president pro tempore of the
74 senate analyzing and projecting the cost savings and benefits, if any, to the state, counties,
75 local communities, school districts, law enforcement agencies, correctional centers, health
76 care providers, employers, other public and private entities, and persons by enrolling
77 unborn children in the show-me healthy babies program. The analysis and projection of
78 cost savings and benefits, if any, may include but need not be limited to:

79 (1) The higher federal matching rate for having an unborn child enrolled in the
80 show-me healthy babies program versus the lower federal matching rate for a pregnant
81 woman being enrolled in MO HealthNet or other federal programs;

82 (2) The efficacy in providing services to unborn children through managed care
83 organizations, group or individual health insurance providers or premium assistance, or
84 through other nontraditional arrangements of providing health care;

85 (3) The change in the proportion of unborn children who receive care in the first
86 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,
87 or by removal of other barriers, and any resulting or projected decrease in health problems
88 and other problems for unborn children and women throughout pregnancy; at labor,
89 delivery, and birth; and during infancy and childhood;

90 (4) The change in healthy behaviors by pregnant women, such as the cessation of
91 the use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or
92 projected short-term and long-term decrease in birth defects; poor motor skills; vision,

93 speech, and hearing problems; breathing and respiratory problems; feeding and digestive
94 problems; and other physical, mental, educational, and behavioral problems; and

95 (5) The change in infant and maternal mortality, pre-term births and low birth
96 weight babies and any resulting or projected decrease in short-term and long-term medical
97 and other interventions.

98 11. The show-me healthy babies program shall not be deemed an entitlement
99 program, but instead shall be subject to a federal allotment or other federal appropriations
100 and matching state appropriations.

101 12. Nothing in this section shall be construed as obligating the state to continue the
102 show-me healthy babies program if the allotment or payments from the federal
103 government end or are not sufficient for the program to operate, or if the general assembly
104 does not appropriate funds for the program.

105 13. Nothing in this section shall be construed as expanding MO HealthNet or
106 fulfilling a mandate imposed by the federal government on the state.

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